			'D 111 11	1.1	D	. 1		A.V	0			
	Connecticut Dep									ection		
	Water Qu	iality Monit	oring and	d Com	ıpl	ianc	e Sc	hedul	e			
PWS ID	PWS Name				Clas	ssificati	ion Po	pulation	Ow	ner Type F	rimary Source	
СТ0960042	NORTHVILLE MARKET, INC	C.				NC		30		Р	GW	
Local Address (\	where applicable)		Service	Residen	tial	Comm	ercial	Industri	al	Combined	I Agricultural	
301 LITCHFIELD	ROAD		Connections	1								
Towns Served: I	NEW MILFORD											
		Monito	oring Requ	ireme	nts							
Water System	Facility: DISTRIBUTION	I SYSTEM (WSF I	D: 00600)									
Total Coliforn	n (3100)							1	. rou	ıtine (RT)	per quarter	
Sampling I	Point (Sampling Point ID)			Monitori	ng P	eriod	Coll	ection Pe	riod	Compl	iance Status	
Select fron	n Inventory of Active Sampl	ing Points	:	10/1/18 -							omplete	
				1/1/19 -						C	omplete	
				4/1/19 -								
				7/1/19 -	9/30	0/19						
Physical Para	•										per quarter	
	Point (Sampling Point ID)			Monitori			Colle	ection Pe	riod		iance Status	
Select fron	n Inventory of Active Sampl	ing Points	:	10/1/18 -						Complete		
				1/1/19 -		-				C	omplete	
				4/1/19 -								
				7/1/19 -	9/30	0/19						
-	Facility: ENTRY POINT	(WSF ID: 00700)										
Nitrate And N									1	-	RT) per year	
	Point (Sampling Point ID)			Monitori			Coll	ection Pe	riod		iance Status	
ENTRY POI	NT (3)			1/1/18 -						C	omplete	
				1/1/19 -								
				1/1/20 -	12/3	31/20						
•	Facility: WELL (WSF ID	: 20043)										
E. Coli (3014)											per quarter	
	Point (Sampling Point ID)			Monitori			Colle	ection Pe	riod	-	iance Status	
WELL (2)			-	10/1/18 -							omplete	
				1/1/19 -						C	omplete	
				4/1/19 -								
				7/1/19 -								
		Other C	ompliance	Sched	lule	es es						
Compliance Sch	edule Activity			L	Due	Date		Achie	ved	Date		
RESPOND TO SA	ANITARY SURVEY			5	/30/	/2010						
	Water	System Facili	ity and Sar	npling	Po	int Ir	vent	ory				
Water							Tota	l Lead	and			
*	er System Facility	Sampling Point		nt			Colifo				Stage	
Facility ID		ID	Description			Status	Rule	e Rule	Tier	Asbestos	WQP 2 DBPR	
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION			Α	Υ					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	١	Α						

ENTRY POINT

WELL

WITHIN 5 SERVICE CON

Α

Α

Α

UPSTREAM

3

2

00700 ENTRY POINT

WELL

TREATMENT PLANT

20043

54613

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source			
CT0960042	NORTHVILLE MARKET, INC.				NC 30		Р	GW			
Local Address (v	Local Address (where applicable) Service Reside					al Industri	al Combine	ed Agricultural			
301 LITCHFIELD	ROAD	1									

Contact Information

Connecticut Department of Public Health Drinking Water Section

Name				Organization	ı	Job Title				
Mr. Joel Brenner										
Mailing Address Lin	e One		Mailing Add	dress Line Two			City	State	Zip Code	
301 Litchfield Road						New Mil	ford	СТ	06776	
Business Phone	Extension	Fax	N	1obile Phone	Emergency Phone	Email Address				
860-355-2667										
Contact Role(s): Le	egal Contact, C	wner								
Name				Organization				Job Title		
				Northville M	arket Inc		President			
Mr. David Brenner							i i colaciic			
	e One		Mailing Add	dress Line Two			City	State	Zip Code	
Mailing Address Lin			Mailing Add	dress Line Two		New Mil	City	State CT	Zip Code 06776	
Mr. David Brenner Mailing Address Lin 301 Litchfield Road Business Phone		Fax		dress Line Two Mobile Phone	Emergency Phone		City ford		•	

Please note the following:

Towns Served: NEW MILFORD

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut D	lenartment of	Dublic H	Iaalth D	rinbi	ing W	ator S	oction	
		Quality Monit						ection	
PWS ID	PWS Name	Quality Monit	oring an					unor Tuno Di	rimary Source
CT096001		DANIT		Cla	NC		25	P P	GW
	dress (where applicable)	TAIVI	Service	Residential	Comm		ndustrial	Combined	Agricultural
218 KENT			Connections	Residential	1		Huustriai	Combined	Agricultural
	rved: NEW MILFORD		Commedians			-			
TOWIIS SE	ived. NEW WILFORD	Monite	oring Requ	iiromonto	•				
Water Sv	ystem Facility: DISTRIBUTI		<u>.</u>	in ements	•				
	oliform (3100)	01131312111 (1131 1	D. 00000)				1 ro	utine (RT)	per quarter
	pling Point (Sampling Point IL	0)		Monitoring I	Period	Collec	tion Period		ance Status
	ct from Inventory of Active Sar	-		10/1/18 - 12/		0000			mplete
3010	or ment inventory or menter out			1/1/19 - 3/3					mplete
				4/1/19 - 6/3	-				
				7/1/19 - 9/3					
Physical	l Parameters (PPS)			, ,, -			1 ro	outine (RT)	per quarter
_	pling Point (Sampling Point IL	0)		Monitoring I	Period	Collec	tion Period		ance Status
	ct from Inventory of Active Sar			10/1/18 - 12/					mplete
	•			1/1/19 - 3/3	-				mplete
				4/1/19 - 6/3					<u> </u>
				7/1/19 - 9/3	80/19				
Water Sy	ystem Facility: ENTRY POI	NT (WSF ID: 00700)							
Nitrate	And Nitrite (NOX)						1	L routine (R	T) per year
Sam	pling Point (Sampling Point IL	o)		Monitoring I	Period	Collec	tion Period	·=	ance Status
ENTI	RY POINT (3)			1/1/18 - 12/	31/18			Co	mplete
				1/1/19 - 12/	31/19				
				1/1/20 - 12/	31/20				
	Wat	er System Facili	ty and Sar	mpling Po	int Ir	vento	ry		
Water		•	<u> </u>			Total	Lead and	d	
System	Water System Facility	Sampling Point	Sampling Poi	int		Coliform	Copper		Stage
Facility II	ס	ID	Description		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SEF	RVICE CON	Α				
		UPSTREAM	WITHIN 5 SEF	RVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	•	Α				
21625	WELL	2	WELL		Α				
57360	TREATMENT PLANT								
		Con	tact Infori	mation					
Name		O	ganization					Job Title	
Mr. Kitita	akone Panasy								
n a :1: a	11 0							C	T: 0 I

City

kpanasy@gmail.com

Newtown

Emergency Phone | Email Address

State

СТ

Zip Code

06470

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

20 Nunnawauk Road

Business Phone

860-428-6477

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Tracor Quarrey 1-10111co	31 11118 a111	a don	TP.	idiioo t	oncadi		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0960014	0960014 THAI CHARM RESTAURANT						Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
218 KENT ROAL)	Connections			1			

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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	Connecticut Dep					_			ection	
	Water Qu	ality Monit	oring an	d Com	ıplia	nce S	Sche	dule		
PWS ID	PWS Name				Classif	ication	Popul	ation Ov	vner Type I	Primary Source
СТ0960024	ALFREDOS RESTAURANT				N	IC	25	5	Р	GW
Local Address (w	here applicable)		Service	Residen	tial Co	mmerci	ial Ind	dustrial	Combined	d Agricultural
651 KENT ROAD			Connections			1				
Towns Served: N	IEW MILFORD									
		Monito	oring Requ	iireme	nts					
Water System	Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)							
Total Coliform	(3100)							1 ro	utine (RT)	per quarter
Sampling P	oint (Sampling Point ID)			Monitori	ng Peri	od C	Collectio	on Perio	d Comp	liance Status
Select from	Inventory of Active Sampli	ng Points		10/1/18 -	12/31/	18			С	omplete
				1/1/19 -	3/31/1	.9			С	omplete
				4/1/19 -	6/30/1	.9				
				7/1/19 -	9/30/1	.9				
Physical Parar	• •							1 ro		per quarter
Sampling P		Monitori	ng Peri	od C	Collection	on Perio	d Comp	liance Status		
Select from	Inventory of Active Sampli	ng Points		10/1/18 -						omplete
				1/1/19 -					С	omplete
				4/1/19 -						
				7/1/19 -	9/30/1	.9				
Water System	Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate (1040)							1 ro	utine (RT)	per quarter
Sampling P	oint (Sampling Point ID)			Monitori	_		Collection	on Perio	d Comp	liance Status
ENTRY POI	NT (3)			10/1/18 -					С	omplete
				1/1/19 -					С	omplete
				4/1/19 -						
				7/1/19 -	9/30/1	.9				
Nitrite (1041)									-	RT) per year
	Point (Sampling Point ID)				_		Collection	on Perio		liance Status
ENTRY POI	NT (3)			1/1/18 -						omplete
				1/1/19 -					С	omplete
				1/1/20 -	· ·	20				
		Other Co	ompliance	Sched	ules					
Compliance Sch					Due Da			Achieve	d Date	
RESPOND TO SA	NITARY SURVEY			6	/15/20	14				
	Water	System Facili	ty and Sar	npling	Poin	t Inve	entor	У		
Water								Lead an		
*	r System Facility	Sampling Point		nt			iform	Copper		Stage
Facility ID		ID	Description			itus	Rule	Rule Tie	r Asbestos	WQP 2 DBPR
00600 DISTF	RIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		4	Υ			

WITHIN 5 SERVICE CON

DOWNSTREAM WITHIN 5 SERVICE CON

WELL

ENTRY POINT

UPSTREAM

3

2

00700 ENTRY POINT

21626 WELL

Α

Α

Α

Α

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source			
СТ0960024	ALFREDOS RESTAURANT				NC 25		Р	GW			
Local Address (v	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural			
651 KENT ROAD)			1							

Connecticut Department of Public Health Drinking Water Section

			Co	ntact Inf	ormation					
Name				Organization			Job Title			
Ms. Mimi Leto				Alfredo's Res	taurant		Owner			
Mailing Address Line Or	ne		Mailing Addr	ess Line Two		City		State	Zip Code	
651 Kent Road						Gaylord	sville	СТ	06755	
Business Phone Ex	ctension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	ddress			
860-355-2448					860-354-4038					
Contact Role(s): Admir	nistrative (Contact, Leg	al Contact							
Name				Organization				Job Title		
Ms. Rosalia Desbiens				651 Kent Rd			Owner			
Mailing Address Line Or	ne		Mailing Addr	ess Line Two		City		State	Zip Code	
651 Kent Rd						Gaylord	sville	СТ	06755	
Business Phone Ex	ctension	Fax	Mo	bile Phone	Emergency Phone	Email Ac	ddress			
Contact Role(s): Owne										

Please note the following:

Towns Served: NEW MILFORD

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut D	epartment of	Public Hea	alth	Drinki	ng W	ater	Se	ction	
		Quality Monit				_				
PWS ID	PWS Name	Common of the co	66		<u> </u>				er Type F	Primary Source
CT0960034	BIBLE BAPTIST CHURCH				NC	-	25		P	GW
Local Addres	ss (where applicable)		Service Re	esidenti	ial Comm	ercial I	ndustria	al	Combined	d Agricultura
126 KENT RO	* * * * * * * * * * * * * * * * * * * *		Connections		1					
Towns Serve	ed: NEW MILFORD					I				
		Monit	oring Require	emen	its					
Water Syst	em Facility: DISTRIBUTI	ON SYSTEM (WSF I	D: 00600)							
Total Colif	orm (3100)						1	rou	tine (RT)	per quarter
Sampli	ng Point (Sampling Point ID)	Мо	nitorin	g Period	Collec	tion Per	riod	Comp	liance Status
Select f	rom Inventory of Active San	npling Points	10/		C	omplete				
			1/	1/19 - 3	3/31/19				C	omplete
			4/							
			7/	1/19 - 9	9/30/19					
Physical Pa	arameters (PPS)						1	rou	tine (RT)	per quarter
Sampli	ng Point (Sampling Point ID)	Мо	nitorin	g Period	Collec	tion Per	riod	Comp	liance Status
Select f	rom Inventory of Active San	npling Points	· · · · · · · · · · · · · · · · · · ·	•	12/31/18				C	omplete
			1/	1/19 - 3	3/31/19				C	omplete
			4/	1/19 - 6	5/30/19					
			7/	1/19 - 9	9/30/19					
Water Syst	em Facility: ENTRY POIN	NT (WSF ID: 00700)								
Nitrate An	d Nitrite (NOX)							1 r	outine (RT) per year
Sampli	ng Point (Sampling Point ID)	Мо	nitorin	g Period	Collec	tion Per	riod	Comp	liance Status
ENTRY	POINT (3)		1/1	/18 - 1	2/31/18				C	omplete
			1/1	/19 - 1	2/31/19				C	omplete
			1/1	/20 - 1	2/31/20					
	Wate	er System Facil	ity and Samp	ling I	Point In	vento	ry			
Water						Total	Lead	and		
	Vater System Facility		Sampling Point			Coliform				Stage
Facility ID		ID	Description		Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPI
00600 D	ISTRIBUTION SYSTEM	4	DISTRIBUTION SY	'STEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVIC	E CON	Α					
		UPSTREAM	WITHIN 5 SERVIC	E CON	Α					
00700 E	NTRY POINT	3	ENTRY POINT		Α					
21627 V	VELL	2	WELL		Α					
		Con	tact Informa	tion						
Name		0	rganization						Job Title	
Mr. G. Eric F	oehr	Fo	orest Homes Wate	r Assn		Ch	aiman			

Name				Organization	1		Job Title			
Mr. G. Eric Foehr				Forest Home	es Water Assn	Chaiman	Chaiman			
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City	State	Zip Code		
126 Kent Road	126 Kent Road					New Milford	СТ	06776		
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Address				
860-354-0733						OFFICE@BIBLE-BAPTIST.COM				

Administrative Contact, Legal Contact, Owner

(Connectici	ut Depa	rtment	of Public	c Hea	Ith Di	rinking	Water	Sectio	n			
	Wat	er Qual	lity Mon	itoring a	and C	ompl	liance S	chedul	e				
PWS ID	PWS Name					Cla	ssification	Population	Owner Typ	e Pr	imary Source		
CT0960034	BIBLE BAPTIST CI	HURCH					NC	25	Р		GW		
Local Address (wl	nere applicable)			Service	Res	idential	Commercia	l Industria	al Combi	ined	Agricultural		
126 KENT ROAD				Connection	ons		1						
Towns Served: NI	EW MILFORD							·	·				
Name				Organization	1				Job T	itle			
Mr. Kirk Englund						Bible Baptist Church Chairman							
Mailing Address I	Mailing Address Line One Mailing Add							City			Zip Code		
126 Kent Road					New Milfo				СТ		06776		
Business Phone	Extension	Fax	Mo	obile Phone	Emerg	ency Pho	one Email A	e Email Address					
860-354-0733					860-355-5467								
Contact Role(s):	Legal Contact												
Name				Organization	1				Job T	itle			
Board of Deacon	s												
Mailing Address I	ine One		Mailing Addr	ess Line Two				City		e	Zip Code		
126 Kent Road							New M	ilford	СТ		06776		
Business Phone	Extension	Fax	Mo	obile Phone	Emerg	ency Pho	one Email A	ddress					
860-355-4509													
Contact Role(s):	Owner												

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End of schedule

	Conne	cticut Departmen	t of Public H	lealth	Dr	inking	g Water	Sec	ction	
		Water Quality Mo	nitoring an	d Con	npli	iance	Schedul	e		
PWS ID	PWS Nam		<u> </u>		-		1		er Type Pr	imary Source
СТ0960064	BUCKS RO	OCK CAMP				NC	450		Р	GW
Local Address (v	where appli	cable)	Service	Residen	itial	Commerc	ial Industri	al	Combined	Agricultural
59 BUCK ROCK F	ROAD		Connections			1				
Towns Served: N	NEW MILFC	ORD			·		·			
		Mo	onitoring Requ	iireme	nts					
Water System	Facility:	DISTRIBUTION SYSTEM (V	VSF ID: 00600)							
Total Coliforn	n (3100)						1	rout	tine (RT) p	er quarter
Sampling F	Point (Samp	oling Point ID)		Monitori	ing Pe	eriod (Collection Pe	riod	Complia	ance Status
Select from	n Inventory	of Active Sampling Points		4/1/19 -	- 6/30	0/19				
				7/1/19 -	- 9/30	0/19				
Physical Para	=									er quarter
		oling Point ID)		Monitori			Collection Pe	riod	Complic	ance Status
Select from	n Inventory	of Active Sampling Points		4/1/19 -		•				
				7/1/19 -	- 9/30	0/19				
Water System	Facility:	ENTRY POINT - WELLS 6 &	7 (WSF ID: 00701	L)						
Nitrate And N	-	•							-	T) per year
		oling Point ID)		Monitori			Collection Pe	riod		ance Status
ENTRY POI	NT (3)			1/1/18 -					Cor	mplete
				1/1/19 -						
				1/1/20 -		•				
	Mor	nthly Water System F	acility (WSF) I	_evel N	Иon	itoring	Require	mer	nts	
Water System	Facility: I	ENTRY POINT - WELLS 6 & 1	7 (WSFID: 00701))						
Analyte		Monitoring Requirement (So	ummary Type)	Ope	ratin	g Limit		9	Samples Re	eq/Month
Chlorine		Entry Point Chlorine Residua	l Monitoring (CHLR) Min	imun	n: 0.2 MG	i/L		Dai	ly
Start Date:	6/1/2011		Complia	nce Histo	ory:	0	perating Lim	it	Monitor	ing
			Monitor	ing Perio	od		ompliance St		Complia	nce Status:
			11/1/20	18 - 11/3	0/20	18				N
				18 - 12/3						N
				9 - 1/31/2						N
				9 - 2/28/2						N
				9 - 3/31/						
				9 - 4/30/						
Analyte		Monitoring Requirement (So	ummary Type)			g Limit		9	Samples Re	-
Chlorine		Entry Point RDC (EPRD)				n: 0.30 M	G/L		Dai	ly
Start Date:	7/1/2016			nce Hist	_	O	perating Lim	it	Monitor	_
				ing Perio			ompliance St	atus:	Complia	nce Status:
				18 - 11/3						N
				18 - 12/3						N
				9 - 1/31/2						N
				9 - 2/28/2						N
				9 - 3/31/2						
			4/1/201	9 - 4/30/2	2019					

Other Compliance Schedules

Due Date

3/1/2019

Achieved Date

Compliance Schedule Activity

CROSS CONNECTION SURVEY REPORT

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
СТ0960064	BUCKS ROCK CAMP				NC	450	Р	GW
Local Address (where applicable)	Service	Resider	ntial (Commercia	al Industri	al Combine	ed Agricultural
59 BUCK ROCK	ROAD	Connections			1			

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SEASONAL START UP COMPLETION	6/1/2019	

	Water	System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		BOYS HOUSE	OUTDOOR TAP@CHIMNEY	Α					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00701	ENTRY POINT - WELLS 6 & 7	3	ENTRY POINT	Α					
48032	WELL 6	2	WELL 6	Α					
53937	WELL 7	2	WELL 7	Α					
57759	TREATMENT PLANT								
57763	ATMOSPHERIC STORAGE TANK								

Certified Operator Information

Water System Facility: TREATMENT PLANT (WSF ID: 57759)

Facility Classification:			Certification
Operator Name	Operator Type	Certification(s)	Expiration
TOMASCAK, THOMAS S.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2021
		WATER TREATMENT PLANT OPERATOR - CLASS I	6/30/2019

			Co	ontact Inf	ormation				
Name O			Organization	1		Job Title			
Mr. Noah Salzman				Buck's Rock	Camp	Exec Director			
Mailing Address Lin	e One		Mailing Addr	Address Line Two			City	State	Zip Code
59 Buck'srock Road						New Mi	lford	СТ	06776
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address			
415-652-4804					203-788-8305	noah@l	oucksrockcamp	.com	

Contact Role(s): Administrative Contact, Legal Contact, Owner

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	epartment of	Public Healt	h D	rinki	ng W	ater Se	ection		
		•	oring and Co							
PWS ID	PWS Name			_				ner Type P	rimary Source	
СТ0960104	CANDLEWOOD VALLEY	COUNTRY CLUB			NC		25	Р	GW	
Local Addre	ess (where applicable)		Service Resid	ential	Comm	ercial	Industrial	Combined	Agricultural	
401 DANBU	JRY ROAD		Connections		1					
Towns Serv	red: NEW MILFORD									
		Monit	oring Requirem	ent	:S					
Water Sys	tem Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)							
Total Coli	form (3100)						1 ro	utine (RT)	per quarter	
Sampl	ling Point (Sampling Point ID)		Monito	oring	Period	Collec	tion Period	Compli	ance Status	
Select	from Inventory of Active Sam	pling Points	10/1/1	8 - 12	2/31/18			Co	mplete	
			1/1/1	9 - 3/	31/19			Co	mplete	
			4/1/1							
			7/1/1	9 - 9/	30/19					
_	Parameters (PPS)								per quarter	
	ling Point (Sampling Point ID)		Monito			Collec	Collection Period Compliance Status			
Select	from Inventory of Active Sam	ipling Points			2/31/18				mplete	
					31/19			Co	mplete	
			4/1/1		30/19					
Water Sys	tem Facility: ENTRY POIN	T (WSF ID: 00700)		ן כ - כ	30/19					
•	nd Nitrite (NOX)	(110. 12. 00. 00,					1	routine (R	RT) per year	
	ling Point (Sampling Point ID))	Monito	oring	Period	Collec	tion Period	-	ance Status	
_	POINT (3)				/31/18				mplete	
			1/1/19	9 - 12/	/31/19		·			
			1/1/20) - 12/	/31/20					
		Other C	ompliance Sch	edul	les					
Compliance	Schedule Activity			Due	e Date		Achieved	Date		
RESPOND T	O SANITARY SURVEY			6/26	6/2015					
	Wate	er System Facil	ity and Samplin	ng Po	oint In	vento	ory			
Water						Total	Lead and	1		
	Water System Facility		Sampling Point			Coliforn			Stage	
Facility ID		ID	Description		Status	Rule	Rule Tie	Asbestos	WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTE		Α	Υ				
			WITHIN 5 SERVICE C		Α					
		UPSTREAM	WITHIN 5 SERVICE C	ON	A					
	ENTRY POINT	3	ENTRY POINT		Α					
21634	WELL	2	WELL		A					
		Con	tact Information	on						
Name		0	rganization					Job Title		
Ms. Beth Fo	ord					G	eneral Man	ager		
Mailine All	dunan Lina Ona	Λ (α : l : ια α . Λ al al ια α α	a Line Torre				C:L.	Ctata	7: a Cada	

Mailing Address Line One Mailing Address Line Two State Zip Code City 401 Danbury Road New Milford CT 06776 **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 860-354-9359 860-355-3965 Contact Role(s): Administrative Contact, Legal Contact

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut	Depa	irtment (of Public	Health	Dri	nking	g Water	Section		
	Wate	r Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	e		
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source	
СТ0960104	CANDLEWOOD VA	LEY COU	NTRY CLUB			NC		25	Р	GW	
Local Address (w	nere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultural	
401 DANBURY ROAD			Connectio	ons		1					
Towns Served: N	EW MILFORD					,					
Name				Organization				Job Title			
Candlewood Val	ey Country Club										
Mailing Address I	ine One		Mailing Addr	ess Line Two				City	State	Zip Code	
401 Danbury Rd							New N	1ilford	СТ	06776	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	/ Phone	Email A	Address			
Contact Role(s):	Owner		1				1				

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0960234	HARRYBROOKE PARK				NC	25	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
LANESVILLE ROA	AD	Connections			1			

Monitoring	Requirements						
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	00)						
Total Coliform (3100)		3 routine (R					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status				
Select from Inventory of Active Sampling Points	4/1/19 - 4/30/19						
	5/1/19 - 5/31/19						
	6/1/19 - 6/30/19						
	7/1/19 - 7/31/19						
	8/1/19 - 8/31/19						
	9/1/19 - 9/30/19						
Physical Parameters (PPS)		3 rou	tine (RT) per month				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status				
Select from Inventory of Active Sampling Points	4/1/19 - 4/30/19						
	5/1/19 - 5/31/19						
	6/1/19 - 6/30/19						
	7/1/19 - 7/31/19						
	8/1/19 - 8/31/19						
	9/1/19 - 9/30/19						
Motor Custom Facility, DOOLLIOUSE ENTRY DOINT (MCE ID.							
Water System Facility: POOLHOUSE ENTRY POINT (WSF ID: 0	00701)						
Nitrate And Nitrite (NOX)	00701)	1 rc	outine (RT) per year				
	Monitoring Period	1 ro	outine (RT) per year Compliance Status				

Other Compliance Schedules

1/1/19 - 12/31/19

1/1/20 - 12/31/20

4/1-9/30

4/1-9/30

Compliance Schedule Activity

Due Date

Achieved Date

SEASONAL START UP COMPLETION 4/1/2019

Public Notification Requirements											
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>											
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Total Coliform M&R Violation	7/1/15 - 9/30/15	2	2/6/2016		2/16/2016						
REVISED TOTAL COLIFORM RULE (RTCR)	4/2/18 - 4/19/18	3	6/14/2019	1/22/2019	6/24/2019	1/22/2019					
Physical Parameters M&R Violation	5/1/18 - 5/31/18	3	9/6/2019	1/22/2019	9/16/2019	1/22/2019					
Total Coliform M&R Violation	5/1/18 - 5/31/18	3	9/6/2019	1/22/2019	9/16/2019	1/22/2019					

	Wa	ter System Facili	ity and Sampling P	oint Ir	nventor	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	3-GARDEN	GENERATED BY BATCH	Α	Υ				
		3-POOLHOUSE	GENERATED BY BATCH	Α	Υ				
		4	DISTRIBUTION SYSTEM	Α	Υ				

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Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

		 <i></i>	0		1			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
СТ0960234	HARRYBROOKE PARK				NC	25	Р	GW
Local Address (v	vhere applicable)		Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
LANESVILLE ROA	VD		Connections		1			

	Water	System Facili	ity and Sampling Po	oint Ir	nventoi	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
		4-GARDEN	GARDEN DISTRIBUTION	A	Υ				
		4-MUSEUM	MUSEUM DISTRIBUTION	Α	Υ				
		4-POOLHOUSE	POOLHOUSE DISTRIBUTI	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	MUSEUM ENTRY POINT	3	ENTRY POINT	Α					
00701	POOLHOUSE ENTRY POINT	3	POOLHOUSE ENTRY POIN	Α					
21642	MUSEUM WELL	2-MUSEUM	MUSEUM WELL	Α					
21643	POOLHOUSE WELL	2-POOLHOUSE	POOLHOUSE WELL	Α					
61114	ION EXCHANGE TREATMENT								

			Co	ntact Inf	ormation				
Name				Organization	1	Job Title			
Mr. William Deak				Harrybrooke	Park		Chairman		
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
P.O. Box 364						New Mil	ford	СТ	06776
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ac	ldress		
860-354-6325						wfdeak@	aol.com		

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Caracia		CD L1: II	1(1 T) : 1:		-1 - C	-1.	
	Connecticut Do Water O	epartment of Quality Monit				O		ection	
PWS ID	PWS Name	Coronary	8 8					ner Type P	rimary Source
CT096024	4 JEHOVAHS WITNESSES				NC		25	Р	GW
Local Add	ress (where applicable)		Service	Residentia	al Comm	nercial II	ndustrial	Combined	Agricultur
22 OLD PA	ARK LANE		Connections		1	L			
Towns Ser	ved: NEW MILFORD								
		Monit	oring Requ	iremen	ts				
Water Sy	stem Facility: DISTRIBUTION	ON SYSTEM (WSF	D: 00600)						
Total Co	liform (3100)						1 ro	utine (RT)	per quartei
Samp	oling Point (Sampling Point ID))	ı	Monitoring	g Period	Collect	tion Period	Compl	iance Status
Selec	t from Inventory of Active Sam	pling Points	-	.0/1/18 - 1	2/31/18			Co	mplete
				1/1/19 - 3	/31/19			Co	mplete
				4/1/19 - 6	/30/19				
				7/1/19 - 9	/30/19				
-	Parameters (PPS)								per quarte
	oling Point (Sampling Point ID)			Monitoring		Collect	tion Period		iance Status
Selec	t from Inventory of Active Sam	pling Points		.0/1/18 - 1					mplete
				1/1/19 - 3				Co	mplete
				4/1/19 - 6					
				7/1/19 - 9	/30/19				
	stem Facility: ENTRY POIN	IT (WSF ID: 00700)							
	And Nitrite (NOX)					- "		_	RT) per yea
	oling Point (Sampling Point ID)			Monitoring		Collect	tion Period		iance Status
ENTR	RY POINT (3)			1/1/18 - 12				Co	mplete
				1/1/19 - 12	-				
				1/1/20 - 12					
	Wate	er System Facil	ity and San	npling F	Point Ir	rvento	ry		
Water						Total	Lead and	1	
System	Water System Facility	Sampling Point		nt		Coliform			Stage
Facility ID		ID	Description		Status	Rule	Rule He	Aspestos	WQP 2 DBI
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		A	Y			
		DOWNSTREAM			A				
00700	ENITRY DOINT	UPSTREAM	WITHIN 5 SER	VICE CON	Α .				
00700	ENTRY POINT	3	ENTRY POINT		A				
21643	WELL	2	WELL		Α				
57367	WATER TREATMENT PLANT								
		Cor	tact Inforn	nation					
Name		0	rganization					Job Title	
Mr. Kevin	Moran								

City

New Milford

Emergency Phone Email Address

860-770-3852

State

СТ

Zip Code

06776-3400

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

860-355-4788

110 Kent Rd

Business Phone

860-354-4118

L	onnecticu	п рера	rument c	or Public	неани	ווזעו	iking	water	260		
	Wat	er Qua	lity Moni	itoring a	and Con	nplia	nce S	chedul	le		
PWS ID P	WS Name					Classif	ication	Population	Own	er Type I	Primary Source
CT0960244 JE	HOVAHS WITNI	ESSES				N	IC	25		Р	GW
Local Address (who	ere applicable)			Service	Resider	ntial Co	mmercia	al Industri	al (Combined	d Agricultural
22 OLD PARK LANE				Connection	ons		1				
Towns Served: NEV	W MILFORD				'						,
Name				Organization						Job Title	
Mr. David R Baker	•			Jehovahs Wit	tnesses			Chairman	l		
Mailing Address Li	ne One		Mailing Addre	ess Line Two				City		State	Zip Code
22 Old Park Lane							New M	ilford		СТ	06776
Business Phone	Extension	Fax	Мо	bile Phone	Emergency	y Phone	Email A	ddress			
860-354-1555											
Contact Role(s): L	egal Contact										
Name				Organization						Job Title	
Jehovahs Witness	es										
Mailing Address Li	ne One		Mailing Addre	ess Line Two				City		State	Zip Code
22 Old Park Lane							New M	ilford		СТ	06776
Business Phone	Extension	Fax	Мо	bile Phone	Emergency	y Phone	Email A	ddress			
Contact Role(s):	Owner										

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End of schedule

	Connecticut De	epartment of	Public H	lealth D	rinki	ing W	ater S	ection		
	Water Q	uality Monit	oring an	d Comp	lianc	e Sch	edule			
PWS ID	PWS Name			Cla	assificat	ion Popu	ulation O	wner Type	Prima	ary Source
CT096025	4 KENT RD SHOPPING CEN	NTER			NC		25	Р		GW
Local Addr	ress (where applicable)		Service	Residential	Comm	nercial I	ndustrial	Combin	ed A	gricultural
48 KENT R	OAD		Connections		1	L				
Towns Ser	ved: NEW MILFORD									
		Monito	oring Requ	uirement	S					
Water Sy:	stem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)							
Total Col	liform (3100)						1 r	outine (R	Γ) per	quarter
Samp	oling Point (Sampling Point ID)			Monitoring	Period	Collect	tion Perio	d Com	plianc	e Status
Selec	t from Inventory of Active Sam	pling Points		10/1/18 - 12,	/31/18				Comp	lete
				1/1/19 - 3/3	31/19				Comp	lete
				4/1/19 - 6/3	30/19					
				7/1/19 - 9/3	30/19					
Physical	Parameters (PPS)						1 r	outine (R	Γ) per	quarter
Samp	oling Point (Sampling Point ID)			Monitoring I	Period	Collect	tion Perio	d Com	plianc	e Status
Selec	t from Inventory of Active Sam	pling Points		10/1/18 - 12,	/31/18				Comp	lete
				1/1/19 - 3/3	31/19				Comp	lete
				4/1/19 - 6/3	30/19					
				7/1/19 - 9/3	30/19					
Water Sy:	stem Facility: ENTRY POIN	T (WSF ID: 00700)								
Nitrate A	And Nitrite (NOX)							1 routine	(RT)	per year
Samp	oling Point (Sampling Point ID)			Monitoring I	Period	Collect	tion Perio	d Com	plianc	e Status
ENTR	RY POINT (3)			1/1/18 - 12/	31/18				Comp	lete
				1/1/19 - 12/	31/19				Comp	lete
				1/1/20 - 12/	/31/20					
	Wate	er System Facili	ity and Sar	mpling Po	oint Ir	vento	ry			
Water						Total	Lead an	nd		
System	Water System Facility	Sampling Point		int		Coliform				Stage
Facility ID		ID	Description		Status	Rule	Rule Ti	er Asbest	os WC	QP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SEF	RVICE CON	Α					
		UPSTREAM	WITHIN 5 SEF	RVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	•	Α					
21644	WELL	2	WELL		Α					
		Con	tact Inform	mation						
Name		Oı	rganization					Job Titl	е	
Ms. Susan	n Daigle	Le	ster & Lynore,	LLC		Ag	ent			
Mailing Ac	ddress Line One	Mailing Address	s Line Two			C	ity	State	Zi	p Code
48 Kent Ro	oad				Ne	w Milfor	d	СТ	C	06776
				D.I.	_					

Mobile Phone

Business Phone

860-355-9222

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

Emergency Phone Email Address

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Trates Quality 1.10111th	91 1118 a11	u 0011	TP.	indirec t	on car		
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0960254	KENT RD SHOPPING CENTER				NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
48 KENT ROAD		Connections			1			

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut	Department of	f Public H	ealth I	rin	king W	Vater Se	ection	
		Quality Monit				_			
PWS ID	PWS Name	Quality Month	or mg and					ner Type	Primary Source
СТ096027					NO		25	Р	GW
Local Add	ress (where applicable)		Service	Residentia	al Cor	nmercial	Industrial	Combine	d Agricultura
CANDLEW	OOD LAKE ROAD		Connections			1			
Towns Ser	ved: NEW MILFORD								
		Monit	oring Requ	iremen	ts				
Water Sy	stem Facility: DISTRIBU	TION SYSTEM (WSF I	D: 00600)						
Total Co	liform (3100)						1 ro	utine (RT)	per quarter
	oling Point (Sampling Point	ID)	1	Monitoring	g Perio	d Colle	ction Period		liance Status
Selec	ct from Inventory of Active S	ampling Points		4/1/19 - 6	/30/19)			
	·			7/1/19 - 9					
Physical	Parameters (PPS)						1 ro	utine (RT)	per quarter
Sam	oling Point (Sampling Point	ID)	1	Monitoring	g Perio	d Colle	ction Period	Comp	liance Status
Selec	t from Inventory of Active S	ampling Points		4/1/19 - 6	/30/19)			
				7/1/19 - 9	/30/19)			
Water Sy	stem Facility: ENTRY PO	INT (WSF ID: 00700)							
Nitrate A	And Nitrite (NOX)						1	routine (RT) per year
Sam	oling Point (Sampling Point	ID)		Monitoring	g Perio	d Colle	ction Period	l Comp	liance Status
ENTR	RY POINT (3)			1/1/18 - 12	2/31/1	8 4	1/1-9/30	С	omplete
				1/1/19 - 12	2/31/1	9 4	1/1-9/30		
				1/1/20 - 12	2/31/2	0 4	1/1-9/30		
		Other C	ompliance	Schedu	ıles				
Complian	ce Schedule Activity			Du	ie Dat	е	Achieved	Date	
SEASONAI	L START UP COMPLETION			5/	1/201	9			
	Wa	ter System Facil	ity and San	npling F	oint	Invent	ory		
Water						Total	Lead and	1	
System	Water System Facility	Sampling Point		nt		Colifori			Stage
Facility ID		ID	Description		Stat	tus Rule	Rule Tie	r Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	. Y			
		DOWNSTREAM			Α				
		NMPR-01	LADIES ROOM	-	Α		N		
		NMPR-02	MENS ROOM		Α	Υ .	N		
		UPSTREAM	WITHIN 5 SER	VICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT		Α	ı			
21646	WELL	2	WELL		Α				
		Con	tact Inforn	nation					
Name		0	rganization					Job Title	
Mr. Danie	el Calhoun	N	ew Milford Par	ks & Recre	ation	D	irector Park	s & Rec	
Mailing Ad	ddress Line One	Mailing Addres	s Line Two				City	State	Zip Code
10 Main S	treet					New Milfo	rd	СТ	06776
		· · · · · · · · · · · · · · · · · · ·							

Mobile Phone

Business Phone

860-355-6050

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

860-355-6052

Emergency Phone Email Address

dcalhoun@newmilford.org

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

water quanty womtoring and comphanic senedule										
PWS ID	PWS Name				ation P	opulation	Owner Type	Primary Source		
СТ0960274	LYNN DEMING PARK					25	Р	GW		
Local Address (v	Local Address (where applicable)			tial Com	nmercial	Industri	al Combine	ed Agricultural		
CANDLEWOOD LAKE ROAD		Connections			1					
Towns Served: I	NEW MILFORD									

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End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0960284	RED CARPET MOTEL				NC	25	Р	GW
Local Address (v	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural	
244 KENT ROAD		Connections			1			

Towns Served: NEW MILFORD

Monitoring	Requirements								
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)								
Total Coliform (3100) 1 routine (RT) pe									
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18								
	12/1/18 - 12/31/18		Complete						
	1/1/19 - 1/31/19		Complete						
	2/1/19 - 2/28/19		Complete						
	3/1/19 - 3/31/19								
	4/1/19 - 4/30/19								
	5/1/19 - 5/31/19								
	6/1/19 - 6/30/19								
	7/1/19 - 7/31/19								
	8/1/19 - 8/31/19								
	9/1/19 - 9/30/19								
	10/1/19 - 10/31/19								
Physical Parameters (PPS)		1 rou	tine (RT) per month						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18								
	12/1/18 - 12/31/18		Complete						
	1/1/19 - 1/31/19		Complete						
	2/1/19 - 2/28/19		Complete						
	3/1/19 - 3/31/19								
	4/1/19 - 4/30/19								
	5/1/19 - 5/31/19								
	6/1/19 - 6/30/19								
	7/1/19 - 7/31/19								
	8/1/19 - 8/31/19								
	9/1/19 - 9/30/19								
	10/1/19 - 10/31/19								
Water System Facility: ENTRY POINT (WSF ID: 00700)									
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete						
	1/1/19 - 12/31/19								
	1/1/20 - 12/31/20								

Other	^	l•	C - I	
ITDAL	<i>i</i> ama	IIanca	SCDO	שמוווי

Compliance Schedule Activity

Due Date

Achieved Date

RESPOND TO SANITARY SURVEY 10/1/2015

Public Notification Requirements									
	Compliance Notice <u>Public Notification</u>								
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Schedule Generation Date: 4/11/2019

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

DIA/C ID	DIA/C Names		0		Cla	ssification	Damul		0	T D	wi.ma.a.m., C.a.,a.a
PWS ID									Ov		rimary Source
CT0960284	RED CARPET MOTEL			NC	2.			Р	GW		
	(where applicable)		Service	Residen	itial	Commerci	al In	dustri	al	Combined	Agricultura
244 KENT ROA	AD		Connections			1					
Towns Served	: NEW MILFORD			_		пеципси		om.		DUC 10 DI II	//CCC/VCW
REVISED TOTA	AL COLIFORM RULE (RTCR) TT Violation	12/31	/16 - 8/21/18	2		7/22/2017				8/1/2017	
REVISED TOTA	AL COLIFORM RULE (RTCR) TT Violation	1/12	/18 - 8/21/18	2		4/28/2018				5/8/2018	
REVISED TOTA	AL COLIFORM RULE (RTCR) TT Violation	1/12	/18 - 8/21/18	2		4/28/2018				5/8/2018	
REVISED TOTA	AL COLIFORM RULE (RTCR) TT Violation	2/18	/18 - 8/21/18	2		4/28/2018				5/8/2018	
REVISED TOTA	AL COLIFORM RULE (RTCR)	1/12	/18 - 8/21/18	3		4/28/2018				5/8/2018	
REVISED TOTA	AL COLIFORM RULE (RTCR)	2/18	/18 - 8/21/18	3		4/28/2018				5/8/2018	
REVISED TOTA	AL COLIFORM RULE (RTCR) TT Violation	7/23,	/18 - 8/16/18	2		8/30/2018				9/9/2018	
REVISED TOTA	AL COLIFORM RULE (RTCR) TT Violation	6/30,	/18 - 8/21/18	2		8/30/2018				9/9/2018	
REVISED TOTA	AL COLIFORM RULE (RTCR)	6/30	/18 - 8/21/18	3		8/30/2018				9/9/2018	
REVISED TOTA	AL COLIFORM RULE (RTCR)	7/23	/18 - 8/21/18	3		8/30/2018				9/9/2018	
E. Coli M&R V	iolation	11/28	/17 - 12/4/17	3		3/6/2019				3/16/2019	
E. Coli M&R V	iolation	11/28	/17 - 12/4/17	3		3/6/2019				3/16/2019	
E. Coli M&R V	iolation	12/11	/17 - 12/17/17	3		3/6/2019				3/16/2019	
E. Coli M&R V	iolation	12/11	/17 - 12/17/17	3		3/6/2019				3/16/2019	
E. Coli M&R V	iolation	12/11	/17 - 12/17/17	3		3/6/2019				3/16/2019	
E. Coli M&R V	iolation	6/22	/18 - 6/28/18	3		8/29/2019				9/8/2019	
E. Coli M&R V	iolation	6/22	/18 - 6/28/18	3		8/29/2019				9/8/2019	
Total Coliform	n M&R Violation	4/1/	18 - 4/30/18	3		8/29/2019				9/8/2019	
E. Coli M&R V	iolation	6/22	/18 - 6/28/18	3		8/29/2019				9/8/2019	
Physical Paran	neters M&R Violation	4/1/	18 - 4/30/18	3		8/29/2019				9/8/2019	
Physical Paran	neters M&R Violation	11/1/	18 - 11/30/18	3		3/7/2020	4/2	/2019	9	3/17/2020	4/4/2019
Total Coliform	n M&R Violation	11/1/	18 - 11/30/18	3		3/7/2020	4/2	/2019	9	3/17/2020	4/4/2019

Water					Total	Lead and	
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper Stag	je
Facility ID		ID	Description	Status	Rule	Rule Tier Asbestos WQP 2 DB	PR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ		
		BARBER RR	BARBER SHOP RR	Α	Υ	Υ	
		BS	BAR SINK	Α	Υ	Υ	
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α			
		RESTKITLHS	REST KIT HAND SNK L	Α	Υ	Υ	
		RESTKITRHS	REST KIT HAND SNK R	Α	Υ	Υ	
		RESTKSSS	REST KIT SNK SINGLE	Α	Υ	Υ	
		RESTRPLSNKL	REST KIT TRPL SNK L	Α	Υ	Υ	
		RESTRPLSNKR	REST KIT TRPL SNK R	Α	Υ	Υ	
		RRLR	RR LADY ROOM	Α	Υ	Υ	
		RRMR	RR MENS RR	Α	Υ	Υ	
		TATTOO RR	TATTOO PARLOR RR	Α	Υ	Υ	
		UPSTREAM	WITHIN 5 SERVICE CON	Α			
00700	ENTRY POINT	3	ENTRY POINT	Α			
21647	WELL	2	WELL	Α			_
56864	UV TREATMENT						

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

			<i>-</i>							
PWS ID	PWS Name					Clas	ssification	Population	Owner Type	Primary Source
СТ0960284	RED CARPET MOTEL						NC	25	Р	GW
Local Address (Local Address (where applicable)			Service	Residen	tial Commerci		al Industri	al Combine	ed Agricultural
244 KENT ROAD)			Connections			1			

		Co	ontact Inf	ormation					
			Organization	า	Job Title				
		Red Carpet I	nn	Owner					
Mailing Address Line One Mailing Add			ess Line Two		City		State	Zip Code	
hway					Ridgefie	ld	СТ	06877	
Extension	Fax	Mo	bile Phone	Emergency Phone	e Email Address				
					mrpatel2002@yahoo.com				
-	hway	hway	e One Mailing Addr	Organization Red Carpet I e One Mailing Address Line Two hway	hway Extension Fax Mobile Phone Emergency Phone	Organization Red Carpet Inn One Mailing Address Line Two hway Ridgefie Extension Fax Mobile Phone Emergency Phone Email Act	Organization Red Carpet Inn Owner One Mailing Address Line Two hway Extension Fax Mobile Phone Emergency Phone Email Address	Organization Job Title Red Carpet Inn Owner One Mailing Address Line Two City State hway Ridgefield CT Extension Fax Mobile Phone Emergency Phone Email Address	

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut	Department of	f Public H	[ealth	Dri	nking	g Wa	ater	Se	ction				
		r Quality Monit				`	_							
PWS ID	PWS Name	Quality Monn	oring and	u don	_					ner Type	Primary	/ Sourc		
СТ096029	4 TANDOORI FLAMES					NC		4		P		W		
Local Add	ress (where applicable)		Service	Residen	tial C	ommerc	ial In	dustria	al	Combine	d Agri	cultura		
471 DANB	SURY ROAD		Connections			1								
Towns Ser	ved: NEW MILFORD													
		Monit	oring Requ	iireme	nts									
Water Sy	stem Facility: DISTRIBL	JTION SYSTEM (WSF	D: 00600)											
Total Co	liform (3100)							1	rou	tine (RT) per q	uarter		
Sam	oling Point (Sampling Point	t ID)		Monitoring Period					riod	Comp	oliance :	Status		
Selec	t from Inventory of Active	Sampling Points		10/1/18 -						C	Complet	:e		
				1/1/19 -						C	Complet	:e		
				4/1/19 -										
				7/1/19 -	9/30/	19					-			
_	Parameters (PPS)									tine (RT				
	oling Point (Sampling Point			Monitoring Period 10/1/18 - 12/31/18					Collection Period Compliance State Complete					
Selec	t from Inventory of Active	Sampling Points							Complet					
				1/1/19 - 4/1/19 -							Joinpiei	.е		
<u> </u>				7/1/19 -										
Water Sv	stem Facility: ENTRY Po	OINT (WSF ID: 00700)		77 17 13	3/30/	13								
	And Nitrite (NOX)	(1101 121 007 00)							1 1	routine ((RT) pe	r vear		
	pling Point (Sampling Point	t ID)		Monitori	ng Per	iod (Collecti	ion Per			oliance :	-		
	RY POINT (3)	•		1/1/18 -							Complet			
				1/1/19 -	12/31,	' 19				C	Complet	:e		
				1/1/20 -	12/31,	′20								
		Other C	ompliance	Sched	ules									
Complian	ce Schedule Activity			1	Due Do	ite		Achie	ved L	Date				
RESPOND	TO SANITARY SURVEY			2	/26/20	016								
	W	ater System Facil	ity and Sar	mpling	Poin	t Inve	entor	у						
Water						Т	otal	Lead o	and					
System	Water System Facility	Sampling Point		nt			liform	Copp		_		Stage		
Facility ID		ID	Description			utus	Rule	Rule	Tier	Asbesto	s WQP	2 DBP		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			A	Υ							
		DOWNSTREAM				A								
0075	FUTDV DC :::	UPSTREAM	WITHIN 5 SER			Α .								
00700	ENTRY POINT	3	ENTRY POINT			A								
21648	WELL	2	WELL			A								
		Cor	tact Inform	nation										
Name		0	rganization							Job Title	<u> </u>			
	z B. Mehri							perty (Dwne					
	ddress Line One	Mailing Addres	ss Line Two				Ci	ty		State		Code		
2 Glen Hil	l Road					Danbu	ıry			CT	068	311		

Emergency Phone Email Address

Mobile Phone

Business Phone

203-748-2020

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Water Quarty From	91 11118 arri	a don	in primarice i	Jeneau			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
СТ0960294	TANDOORI FLAMES			NC	34	Р	GW	
Local Address (v	vhere applicable)	Service	Resider	ntial Commerc	ial Industri	ial Combine	ed Agricultural	
471 DANBURY ROAD		Connections		1				

Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

			_						
	Connecticut De	partment of uality Monit				0		ection	
PWS ID	PWS Name	dancy 1.10111c	or mg and					wner Tyne I	Primary Source
CT0960424	ROCKY RIVER MOTEL				NO		27	P	GW
	ss (where applicable)		Service	Residentia		nmercial	Industrial	Combined	_
236 KENT RC			Connections		00.	1		•	7 18.10011001
	d: NEW MILFORD					_			
		Monito	oring Requi	iremen	ts				
Water Syste	em Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)						
Total Colife	orm (3100)						1 rc	outine (RT)	per quarter
Samplii	ng Point (Sampling Point ID)		/	Monitoring	, Perio	d Coll	ection Perio	d Comp	liance Status
Select f	rom Inventory of Active Samp	oling Points	1	0/1/18 - 1	2/31/1	L8		С	omplete
				1/1/19 - 3,	/31/19)		С	omplete
				4/1/19 - 6,	/30/19)			
				7/1/19 - 9,	/30/19)			
Physical Pa	arameters (PPS)						1 rc	outine (RT)	per quarter
Samplii	ng Point (Sampling Point ID)		/	Monitoring	Perio	d Coll	ection Perio	d Comp	liance Status
Select f	rom Inventory of Active Samp	oling Points	1	0/1/18 - 1	2/31/1	18		С	omplete
				1/1/19 - 3,	/31/19)		С	omplete
				4/1/19 - 6,	/30/19)			
				7/1/19 - 9,	/30/19)			
Water Syste	em Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate An	d Nitrite (NOX)							1 routine (RT) per year
Samplii	ng Point (Sampling Point ID)		/	Monitoring	Perio	d Coll	ection Perio	d Comp	liance Status
ENTRY I	POINT (3)			L/1/18 - 12	2/31/1	8		С	omplete
				L/1/19 - 12	2/31/1	9			
			1	L/1/20 - 12	2/31/2	0			
	Wate	r System Facili	ity and San	npling P	oint	Invent	ory		
Water						Tota	l Lead an	nd	
	Vater System Facility	Sampling Point		t		Colifo	rm Coppe	r	Stage
Facility ID		ID	Description		Stat	us Rule	e Rule Ti	er Asbestos	WQP 2 DBP
00600 D	ISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERV	/ICE CON	Α				
		UPSTREAM	WITHIN 5 SERV	/ICE CON	Α				
00700 E	NTRY POINT	3	ENTRY POINT		Α				
21657 W	/ELL	2	WELL		Α				
		Con	tact Inform	nation					
Name			rganization					Job Title	
Mr. Champa	Patel		ocky River Mote	1			Owner		
_	ress Line One	Mailing Addres					City	State	Zip Code
							•		·

Mobile Phone

New Milford

rockyrivermotel@aol.com

Emergency Phone Email Address

860-355-3208

06776

236 Kent Road

Business Phone

860-355-3208

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

860-355-8165

	Connectic	ut Depa	rtmen	t of	Public	Health	Dri	nking	Water	Section		
	Wa	ter Qua	lity Mo	nito	oring a	nd Con	nplia	nce S	Schedul	le		
PWS ID	PWS Name						Classi	fication	Population	Owner Type	Primary Source	
CT0960424	ROCKY RIVER M	OCKY RIVER MOTEL NC 27 P GW										
Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultura											ed Agricultural	
236 KENT ROAD Connections 1												
Towns Served: N	EW MILFORD					·						
Name				Or	ganization					Job Titl	e	
Mr. Ramesh. Pat	el			Ro	cky River M	otel			Owner			
Mailing Address I	ine One		Mailing Ac	ddress	Line Two				City	State	Zip Code	
236 Kent Road								New M	1ilford	СТ	06776	
Business Phone	Extension	Fax		Mobile	e Phone	Emergenc	y Phone	Email A	Address	,		
860-355-3208	860-355-8165 rockyrivermotel@aol.com											
Contact Role(s):												

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0960474	THE OLD OAK TAVERN				NC	30	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
1 SOUTH KENT I	ROAD	Connections			1			

Towns Served: NEW MILFORD

TOWIS Served. INEW WHEI OND			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	00)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete

			* *								
Public Notification Requirements											
	Compliance Notice <u>Public Notification</u> <u>PN Certific</u>										
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Total Coliform M&R Violation	1/1/12 - 3/31/12	2	10/17/2012		10/27/2012						
Physical Parameters M&R Violation	1/1/12 - 3/31/12	3	6/12/2013		6/22/2013						
Total Coliform M&R Violation	1/1/15 - 3/31/15	2	8/5/2015		8/15/2015						
Physical Parameters M&R Violation	1/1/15 - 3/31/15	3	7/5/2016		7/15/2016						
Physical Parameters M&R Violation	7/1/16 - 9/30/16	3	2/8/2018		2/18/2018						
Total Coliform M&R Violation	7/1/16 - 9/30/16	3	2/8/2018		2/18/2018						

1/1/19 - 12/31/19

1/1/20 - 12/31/20

Complete

Water System Facility and Sampling Point Inventory Water Total Lead and Sampling Point Sampling Point Water System Facility System **Coliform** Copper Stage Rule Tier Asbestos WQP 2 DBPR Facility ID ID **Description** Rule Status 00600 **DISTRIBUTION SYSTEM** 4 **DISTRIBUTION SYSTEM** 3 00700 **ENTRY POINT ENTRY POINT** 2 21660 WELL WELL Α

	Contact Information											
Name		Organization	Job Title									
Mr. Henry Showah	Hen John Enterpri	Owner										
Mailing Address Line One	Mailing Addr	ess Line Two			City	State	Zip Code					
1 South Kent Road				Gaylords	sville	СТ	06755					
D 1 DI E 1 1 E	0.4	Lil DI E	D.I.	- · · · · ·		1						

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of Public Health Drinking Water Section										
Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name Classification Population Owner Type Primary Source											
CT0960474 THE OLD OAK TAVERN NC 30 P GW										GW	
Local Address (w	here applicable)			Service	Resider	itial	Commerci	ial Industri	al Combine	ed A	Agricultural
1 SOUTH KENT R	OAD			Connection	S		1				
Towns Served: N	EW MILFORD										
Business Phone	e Extension	Fax	Modil	e Phone	Emergency	/ Pno	ne Email /	Address			
860-355-1100	860-355-1100 845-501-3266 914-260-6617 henjohnllc@outlook.com										
Contact Role(s)	Contact Role(s): Administrative Contact Legal Contact Owner										

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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End of schedule

	Connecticut D	epartment o	f Public H	lealth	Drink	ing V	Wate	r Se	ection	
		uality Monit								
PWS ID	PWS Name	<u>Caranagara</u>	8 -		Classificat			_	ner Type F	Primary Source
CT0960524	TEMPLE SHOLOM				NC		25		P	GW
Local Addre	ess (where applicable)		Service	Residen	tial Comr	nercial	Indust	rial	Combined	d Agricultural
122 KENT R	OAD		Connections			1				
Towns Serv	red: NEW MILFORD			I	1					
		Monit	oring Requ	iireme	nts					
Water Sys	tem Facility: DISTRIBUTIO	ON SYSTEM (WSF	ID: 00600)							
Total Coli	form (3100)							1 rou	ıtine (RT)	per quarter
Sampl	ling Point (Sampling Point ID))		Monitori	ng Period	Coll	ection P	eriod	Comp	liance Status
Select	from Inventory of Active Sam	npling Points		10/1/18 -	12/31/18				C	omplete
					3/31/19				C	omplete
					6/30/19					
				7/1/19 -	9/30/19					
-	Parameters (PPS)									per quarter
-	ling Point (Sampling Point ID)				ng Period		ection P	eriod		liance Status
Select from Inventory of Active Sampling Points					12/31/18					omplete
					3/31/19				C	omplete
					6/30/19					
				7/1/19 -	9/30/19					
	tem Facility: ENTRY POIN	IT (WSF ID: 00700)								,
	nd Nitrite (NOX)								-	RT) per year
	ling Point (Sampling Point ID)			ng Period	Coll	ection P	eriod		liance Status
ENTRY	POINT (3)				12/31/18					omplete
			1/1/19 - 12/31/19 1/1/20 - 12/31/20						C	omplete
	•••		1. 10							
	Wate	er System Facil	ity and Sar	npling	Point I	nven				
Water	Markey Contains Free Utter	Communities on Desired	Communities or Dari			Tota		d and		
System Facility ID	Water System Facility	Sampling Point ID	Description	nt	<i>.</i>	Colifo Rul		oper e Tier	Ashestos	Stage WQP 2 DBPR
	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I CVCTEN/	Status I A	Y	c nan	c mer	713003103	TIQ: 2 DDITE
00000	DISTRIBUTION STSTEM	DOWNSTREAM								
		UPSTREAM	WITHIN 5 SER							
00700	ENTRY POINT	3	ENTRY POINT		A					
	WELL	2	WELL		A					
21003	VV L L L									
			ntact Inform	nation						
Name			rganization						Job Title	
Ms. Tamara	a Potter	T	emple Sholom				Adminis	trator	•	

Mailing Address Line One Zip Code Mailing Address Line Two State City P O Box 509 06776 122 Kent Road New Milford **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 860-354-0273 860-350-9732 admin@tsholom.org Contact Role(s): Administrative Contact

	Connectio	cut Depa	rtment of	Public	Health	Drin	ıking	Water	Section	
	Wa	iter Qua	lity Monite	oring a	nd Con	nplia	nce S	Schedul	.e	
PWS ID	PWS Name					_				Primary Sou
CT0960524	TEMPLE SHOLO	M				N	С	25	Р	GW
Local Address (w	here applicable)		Service	Residen	itial Co	mmerci	al Industri	al Combin	ed Agricultu
122 KENT ROAD				Connection	ns		1			
Towns Served: N	EW MILFORD				,	,				
Name			Or	ganization					Job Titl	e
Ms. Jill Neugroso	hl		Te	mple Sholoi	m			Past Presi	dent	
Mailing Address I	Line One		Mailing Address	Line Two				City	State	Zip Code
122 Kent Road			P O Box 509				New M	lilford	СТ	06776
Business Phone	Extension	Fax	Mobil	e Phone	Emergency	/ Phone	Email A	Address		
Contact Role(s):	Legal Contact									
Name			Or	ganization					Job Titl	e
Temple Sholom										
Mailing Address I	Line One		Mailing Address	Line Two				City	State	Zip Code
122 Kent Road			P O Box 509				New M	lilford	СТ	06776
Business Phone	Extension	Fax	Mobil	e Phone	Emergency	/ Phone	Email A	Address		
Contact Role(s):	Owner									
Name	1		Or	ganization					Job Titl	e
Mr. Louis Simon			Te	mple Sholoi	m			President	of Board	
Mailing Address I	Line One		Mailing Address	Line Two				City	State	Zip Code
6 Woods Road							Sherma	an	СТ	06784
Business Phone	Extension	Fax	Mobil	e Phone	Emergency	/ Phone	Email A	Address		
860-350-5789										
Contact Role(s):	Legal Contact									

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Depar	tment o	f Public H	ealth	Dı	rinkii	ng V	Vater	Se	ection	
	Water Quali	ty Monit	toring and	d Con	ıpl	iance	Sc	hedu	le		
PWS ID	PWS Name				Clas	ssificatio	n Po	pulation	Ow	ner Type P	rimary Source
СТ0960604	TRINITY LUTHERAN CHURCH					NC		25		Р	GW
Local Address (where applicable)		Service	Residen	tial	Comme	rcial	Industr	ial	Combined	Agricultural
107 KENT ROA	D		Connections			1					
Towns Served:	NEW MILFORD				_				_		
		Monit	oring Requ	ireme	nts	}					
Water System	r Facility: DISTRIBUTION SYS	TEM (WSF	ID: 00600)								
Total Colifor	• •										per quarter
	Point (Sampling Point ID)			Monitori			Colle	ection Pe	erioa		iance Status
Select from	m Inventory of Active Sampling Po	oints		10/1/18 -							omplete
				1/1/19 -		-				Co	omplete
				4/1/19 -		-					
Dhysical Days	ameters (DDC)			7/1/19 -	9/3	0/19			1	utina (DT)	
-	ameters (PPS) Point (Sampling Point ID)			Monitori	ina P	Period	Colle	ection Pe			per quarter
	m Inventory of Active Sampling Po	nints		10/1/18 -			Conc	200111	.1100		mplete
00.0000				1/1/19 -		•					mplete
				4/1/19 -							
				7/1/19 -							
Water System	Facility: ENTRY POINT (WS	F ID: 00700)								
Nitrate And	Nitrite (NOX)								1	routine (f	RT) per year
Sampling	Point (Sampling Point ID)			Monitori	ing P	Period	Colle	ection Pe	rioa	l Compl	iance Status
ENTRY PO	INT (3)			1/1/18 -	12/3	31/18				Co	omplete
				1/1/19 -		•					
				1/1/20 -	12/3	31/20					
		Other C	Compliance	Sched	lule	es					
Compliance Sc	hedule Activity			1	Due	Date		Achie	evea	Date	
RESPOND TO S	ANITARY SURVEY			2	2/12/	/2015					
	F	Public No	tification R	equire	eme	ents					
		(Compliance	Notice		Public	: Notij	<u>fication</u>		<u>PN Cer</u>	<u>tification</u>
Violation/Situa			Period	Tier		Require	ed I	Performe	ed	Due to DPH	Received
Total Coliform			/10 - 6/30/10	2		9/24/20				10/4/2010	
Physical Param	eters M&R Violation	-	/10 - 6/30/10	3		8/25/20				9/4/2011	
	Water Sys	tem Facil	ity and Sar	npling	Po	int In	vent	ory			
Water							Tota			1	
-	ter System Facility Sa	mpling Point ID	Sampling Poil Description	nt			Colifor	-	per	. Ashastas	Stage
Facility ID 00600 DIST	TRIBUTION SYSTEM	4	DISTRIBUTION	I CVCTENA		Status ^	Rule	: KUIE	: 110	ASDESTOS	WQP 2 DBPR
טטטטט טוא			WITHIN 5 SER			A A	Y				
		UPSTREAM	WITHIN 5 SER			A					
00700 ENT	RY POINT	3	ENTRY POINT		•	A					
OUTOU LIVI		<u> </u>	LITTINI I OINT			~					

 Contact Information

 Name
 Organization
 Job Title

 Mr. Gary Hults
 Trinity Lutheran
 Trustee

 Mailing Address Line One
 Mailing Address Line Two
 City
 State
 Zip Code

Α

WELL

2

21668

WELL

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

(Johneene	ut Depa	i unent or	Fublic	Health	וווע	IKIIIE	, water	Section	
Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name					Classifi	ication	Population	Owner Type	Primary Source
CT0960604	TRINITY LUTHER	AN CHURCH				N	С	25	Р	GW
Local Address (wh	nere applicable)			Service	Residen	tial Co	mmerci	al Industri	al Combin	ed Agricultural
107 KENT ROAD				Connection	S		1			
Towns Served: NI	EW MILFORD				·				·	
P O Box 388 New Milford CT 06776										
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	/ Phone	Email A	Address		

860-355-0823

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

860-354-3450

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section								
	Water Quality Monitoring and Compliance Schedule								
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source	
СТ0969373	BULLS BRIDGE GOLF CLUB				NC	45	Р	GW	
Local Address (v	where applicable)	Service	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural	
OLD STONE ROA	ND	Connections			1				

Monitoring Requirements								
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)							
Total Coliform (3100)		1 rout	ine (RT) per quarter					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete					
	1/1/19 - 3/31/19		Complete					
	4/1/19 - 6/30/19							
	7/1/19 - 9/30/19							
Physical Parameters (PPS)		1 rout	ine (RT) per quarter					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete					
	1/1/19 - 3/31/19		Complete					
	4/1/19 - 6/30/19							
	7/1/19 - 9/30/19							
Water System Facility: ENTRY POINT (WSF ID: 00700)								
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete					
	1/1/19 - 12/31/19							
	1/1/20 - 12/31/20							

Other	Compliance	Scriedules	
		Dua Data	

CROSS CONNECTION SURVEY REPORT

Achieved Date
3/1/2020

CRUSS CC	JINNECTION SURVEY REPORT		3/.	1/2020				
	Wa	iter System Facili	ity and Sampling P	oint Ir	nventoi	ry		
Water System Facility II	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	A				
		BBGC001	BAR 3 BAY SINK	Α	Υ	3		
		BBGC002	BAR 1 BAY SINK	Α	Υ	3	Υ	
		BBGC003	KITHCHEN 3 BAY SINK	Α	Υ	3		
		BBGC004	KITCH HANDWASH SINK	Α	Υ	3		
		BBGC005	KITCHEN 1 BAY SINK	Α	Υ	3		
		BBGC006	PRO BATHROOM SINK	Α	Υ	3		
		BBGC007	LADIES ROOM SINK	Α	Υ	3		
		BBGC008	MENS ROOM SINK	Α	Υ	3		
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
53302	WELL 1	2	WELL 1	Α				
60720	TREATMENT PLANT							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Water Quality Monitoring and Compliance Schedule								
PWS ID	WS ID PWS Name Classification Population Owner Type Primary Source							
СТ0969373	BULLS BRIDGE GOLF CLUB				NC	45	Р	GW
Local Address (w	ocal Address (where applicable) Service Residential Commercial Industrial Combined Agricultur							ed Agricultural
OLD STONE ROA	LD STONE ROAD Connections 1							

Connecticut Department of Public Health Drinking Water Section

				Contact Inf	ormation				
Name				Organization	1			Job Title	
Mr. David Flatau				Bulls Bridge	Golf Club				
Mailing Address Lin	e One		Mailing Ad	ldress Line Two			City	State	Zip Code
			24 Fox Rur	1		Shermar	າ	СТ	06784
Business Phone	Extension	Fax	ı	Mobile Phone	Emergency Phone	Email Ad	ldress		
860-927-7135		860-927-7	136		860-927-7135	DCFLATA	AU@AOL.CO	M	
Contact Role(s): Le	gal Contact								
Name				Organization	1			Job Title	
Mr. Peter Rothschi	ld			The Bull's Br	idge Golf Club, I		President		
Mailing Address Lin	e One		Mailing Ad	ldress Line Two			City	State	Zip Cod
750 Third Ave						New Yor	·k	NY	10017
Business Phone	Extension	Fax	ľ	Mobile Phone	Emergency Phone	Email Ad	ldress		
Contact Role(s): Le	egal Contact, C	Owner							
Name				Organization	1			Job Title	
Mr. Attila Fodor				Bulls Bridge	Golf Club		Club House	Manager	
Mailing Address Lin	e One		Mailing Ad	ldress Line Two			City	State	Zip Cod
71 Bulls Bridge Rd						South Ke	ent	СТ	06785
Business Phone	Extension	Fax	ı	Mobile Phone	Emergency Phone	Email Ad	ldress		
860-927-7135		860-927-7	136			a.fodor@	abullsbridge	egolfclub.com	1
Contact Role(s): A	dministrative	Contact	<u> </u>						

Please note the following:

Towns Served: NEW MILFORD

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0969374	GEORGE WASHINGTON PLAZA				NC	39	Р	GW
Local Address (\	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
1&3 GEORGE W	ASHINGTON PLAZA	Connections			2			

Monitori	ng Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0	00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Public Notific	cation Requirements		
Com	nliance Notice Publi	c Notification	PN Certification

Public Notification Requirements											
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>											
Violation/Situation Period Tier Required Performed Due to DPH Received											
Physical Parameters M&R Violation	4/1/18 - 6/30/18	3	8/30/2019		9/9/2019						
Total Coliform M&R Violation 4/1/18 - 6/30/18 3 8/30/2019 9/9/2019											

Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos		Stage 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
55299	WELL 1	2	WELL 1	Α					·		

Contact Information											
Name Organization Job Title											
Mr. Jeremiah. C Co	nway			Conway Har	dwood Products		Legal Contact				
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code		
37 Gaylord Road						Gayroad	sville	СТ	06755		
Business Phone	Extension	Fax	Mo	obile Phone Emergency Phone Email Add			ldress				
860-355-4030											

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C	omecuci	ut Depa	i unent o	I Fublic !	Health	וווע.	ıkıng	vvalei	360	LUUII	
Water Quality Monitoring and Compliance Schedule											
PWS ID P	WS Name					Classifi	cation	Population	Owne	er Type	Primary Source
CT0969374 G	EORGE WASHII	NGTON PLAZ		N	С	39		Р	GW		
Local Address (who	cal Address (where applicable) Service Residen							al Industri	ial C	Combine	d Agricultural
1&3 GEORGE WAS	S		2								
Towns Served: NE	W MILFORD				'	-		<u> </u>			
Contact Role(s): L	egal Contact										
Name			О	rganization						Job Title	<u> </u>
Mr. Luis E Panora			3	George Wash	ington Pla	za		Owner			
Mailing Address Li	ne One		Mailing Addres	ss Line Two				City		State	Zip Code
631 Kent Rd							Gaylordsville			СТ	06755
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phone	Email A	ddress			
860-210-1622											

Connecticut Department of Public Health Drinking Water Section

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Contact Role(s): Administrative Contact, Legal Contact, Owner

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0969394 UPPER CRUST RESTAURANT					NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
373 LITCHFIELD	ROAD	Connections					1	

Towns Served: NEW MILFORD

TOWNS SERVED. INEW WHELOND										
Monito	ring Requirements									
Water System Facility: DISTRIBUTION SYSTEM (WSF ID	: 00600)									
Total Coliform (3100)		1 rout	ine (RT) per quarter							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete							
	1/1/19 - 3/31/19		Complete							
	4/1/19 - 6/30/19									
	7/1/19 - 9/30/19									
Physical Parameters (PPS) 1 routine (RT) per quarter										
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete							
	1/1/19 - 3/31/19		Complete							
	4/1/19 - 6/30/19									
	7/1/19 - 9/30/19									
Water System Facility: ENTRY POINT (WSF ID: 00700)										
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete							
	1/1/19 - 12/31/19									
	1/1/20 - 12/31/20									
Water System Facility: WELL 1 (WSF ID: 58725)										
E. Coli (3014)		1 rout	ine (RT) per quarter							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
WELL 1 (2)	10/1/18 - 12/31/18		Complete							
	1/1/19 - 3/31/19		Complete							
	4/1/19 - 6/30/19									
	7/1/19 - 9/30/19									

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
58725	WELL 1	2	WELL 1	Α								
58729	TREATMENT PLANT											

Contact Information										
Name Organization Job Title										
Ms. Nancy Conant		Upper Crust Restaurant		Owner						
Mailing Address Line One	ress Line Two		City	State	Zip Code					
272 Likelefield Deed Nov. Milford CT OCZZC										

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section											
Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name Classification Population Owner Type Primary Source											
CT0969394 UPPER CRUST RESTAURANT NC 25 P GW										GW	
Local Address (w	Residen	tial Co	mmerci	al Industri	al Combine	ed Agricultural					
373 LITCHFIELD	ROAD			Connections	S				1		
Towns Served: N	IEW MILFORD				·			·	·		
		3/3 LII	chneia ka	oad			ivem in	illiora	CI	06776	
Business Phon	Business Phone Extension Fax Mobile Phone Emergency Phone Email Address										
860-350-0006	860-350-0006 860-355-0360 860-402-6374 nancy_j_conant@sbcglobal.net										

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section											
Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source				
СТ0969404	358 DANBURY ROAD			NC	66	Р	GW					
Local Address (where applicable) Service Resid					Commerci	al Industri	al Combine	ed Agricultural				

Local Address (where applicable)			Service	Residential	Commi	i Ciai I	ndustriai	Combined	Agricultural
358 DANBURY ROAD			Connections	3	2				
Towns Served: NEW MILFORD						,			,
		Monito	oring Req	uirement	S				
Water System Facility: DISTRIBU	TION SYSTEM	1 (WSF I	D: 00600)						
Total Coliform (3100)							1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point	ID)			Monitoring	Period	Collec	tion Period		ance Status
Select from Inventory of Active S	ampling Points	5		10/1/18 - 12	/31/18			Co	mplete
				1/1/19 - 3/3	31/19			Co	mplete
				4/1/19 - 6/3	30/19				
				7/1/19 - 9/3	30/19				
Physical Parameters (PPS)							1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point	ID)			Monitoring	Period	Collec	tion Period	d Compli	ance Status
Select from Inventory of Active S	ampling Points	5		10/1/18 - 12	/31/18			Co	mplete
				1/1/19 - 3/3	31/19			Co	mplete
				4/1/19 - 6/3	30/19				
				7/1/19 - 9/3	30/19				
Water System Facility: ENTRY PO	INT (WSF ID	: 00700)							
Nitrate (1040)							1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point	ID)			Monitoring	Period	Collec	tion Period	d Compli	ance Status
ENTRY POINT (3)				10/1/18 - 12	/31/18			Co	mplete
				1/1/19 - 3/3	31/19			Co	mplete
				4/1/19 - 6/3	30/19				
				7/1/19 - 9/3	30/19				
Nitrite (1041)							1	L routine (F	RT) per year
Sampling Point (Sampling Point	ID)			Monitoring	Period	Collec	tion Period	d Compli	ance Status
ENTRY POINT (3)				1/1/18 - 12/	/31/18			Co	mplete
				1/1/19 - 12/	31/19			Co	mplete
				1/1/20 - 12/	'31/20				
Wa	iter Syster	n Facili	ty and Sa	mpling Po	oint In	vento	ry		
Water						Total	Lead and	d	
System Water System Facility	Sampl	ing Point	Sampling Po	int		Coliform	Copper		Stage
Facility ID		ID	Description		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBPF
00600 DISTRIBUTION SYSTEM		4	DISTRIBUTIO	N SYSTEM	Α				
	DOWN	ISTREAM	WITHIN 5 SE	RVICE CON	Α				
	UPS	TREAM	WITHIN 5 SE	RVICE CON	Α				
00700 ENTRY POINT		3	ENTRY POIN	Т	Α				
59983 WELL 1		2	WELL 1		Α				
		Con	tact Infor	mation					
Name		Oı	rganization					Job Title	
Mr. Carlo Degrazia			arlos Auto Ser	vice					
Mailing Address Line One	Mailir	ng Addres	s Line Two			C	City	State	Zip Code
		anbury Ro			Nev	v Milfor	d	СТ	06776
Business Phone Extension	Fax	NA a la :	le Phone E	mergency Ph	F	ail Addre			

	Water Quality	Monitoring on	d Con	nnl	ianco C	'ah adul		
	water Quarity	Monitoring and	u Con	upi	nance 5	cnedu	е	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0969404	CT0969404 358 DANBURY ROAD						Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
358 DANBURY	'ROAD	Connections			2			
Towns Served	: NEW MILFORD					,		
000 133 01	J2		377 333	4 73	.			

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut	Department	of Public H	lealth	Drink	ing W	ater So	ection		
	Wate	r Quality Mon	itoring an	d Com	plian	ce Sch	edule			
PWS ID	PWS Name				<u> </u>			ner Type P	rimary Source	
СТ096941	.4 300 KENT ROAD				NC		25	L	GW	
Local Add	ress (where applicable)		Service	Resident	tial Comr	mercial I	ndustrial	Combined	Agricultural	
300 KENT	ROAD		Connections			1				
Towns Sei	rved: NEW MILFORD									
		Mon	itoring Requ	ıiremei	nts					
Water Sy	stem Facility: DISTRIB	UTION SYSTEM (WS	F ID: 00600)							
Total Co	liform (3100)						1 ro	utine (RT)	per quarter	
	pling Point (Sampling Poin	t ID)		Monitorin	ng Period	Collec	tion Period		ance Status	
Selec	ct from Inventory of Active	Sampling Points		10/1/18 -	12/31/18			Co	mplete	
				1/1/19 -	3/31/19			Co	mplete	
				4/1/19 -	6/30/19					
				7/1/19 -	9/30/19					
Physical	Parameters (PPS)						1 ro	utine (RT)	per quarter	
_	pling Point (Sampling Poin			Monitoring Period					Compliance Status	
Selec	ct from Inventory of Active	Sampling Points		10/1/18 -					mplete	
				1/1/19 -				Co	mplete	
				4/1/19 -						
				7/1/19 -	9/30/19					
	stem Facility: ENTRY P	OINT (WSF ID: 0070	00)							
	And Nitrite (NOX)							-	RT) per year	
-	pling Point (Sampling Poin	t ID)		Monitorin	_	Collec	ollection Period Compliance Status			
ENTF	RY POINT (3)			1/1/18 - 1				Co	mplete	
				1/1/19 - 1						
				1/1/20 - 1						
	W	ater System Fac	cility and Sai	mpling	Point I	nvento	ry			
Water						Total	Lead and	1		
-	Water System Facility		nt Sampling Poi	nt		Coliforn		Ashaataa	Stage	
Facility ID		ID A	Description	N CVCTER 4	Status		ките тте	r ASDESTOS	WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Y				
00700	ENTRY POINT	3	ENTRY POINT		Α	Υ				
60084	WELL 1	2	WELL 1		Α					
60086	WATER SOFTENER									
		Co	ontact Infori	mation						
Name			Organization					Job Title		
Mr. Joe Ca	asimiro									
Mailing A	ddress Line One	Mailing Add	ress Line Two			(City	State	Zip Code	
43 River R	toad				N	ew Milfor	d	СТ	06776	

Emergency Phone Email Address

casimiroj@charter.net

Mobile Phone

Business Phone

203-313-7564

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

Trates quanty from the man domphante some and									
PWS ID PWS Name				Classification		Population	Owner Type	Primary Source	
CT0969414	300 KENT ROAD				NC	25	L	GW	
Local Address (Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural		
300 KENT ROAL	Connections			1					

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		Department of					_			tion		
		r Quality Monit	oring and	a Com								
PWS ID	PWS Name		Classification Population Ow)wne	ner Type Primary Source		
СТ096943						NC		31		Р	GW	
	ress (where applicable)		Service	Residen	tial C	Comme	rcial I	ndustrial	С	Combined	Agricultural	
	IFIELD ROAD		Connections			1						
Towns Ser	rved: NEW MILFORD											
		Monite	oring Requ	ireme	nts							
Water Sy	stem Facility: DISTRIBU	JTION SYSTEM (WSF I	D: 00600)									
Total Co	liform (3100)							1 r	out	ine (RT)	per quarter	
Samı	pling Point (Sampling Poin	t ID)		Monitori	ng Pe	riod	Collect	tion Perio	od	Compli	ance Status	
Selec	ct from Inventory of Active	Sampling Points		10/1/18 -	12/3	1/18				Co	mplete	
				1/1/19 -						Co	mplete	
				4/1/19 -								
				7/1/19 -	9/30/	/19						
•	Parameters (PPS)										per quarter	
_	pling Point (Sampling Poin		Monitoring Period					tion Peri		Compliance Status		
Selec	ct from Inventory of Active	Sampling Points	10/1/18 - 12/31/18							Complete		
			1/1/19 - 3/31/19							Co	mplete	
			4/1/19 - 6/30/19									
				7/1/19 -	9/30,	/19						
	stem Facility: ENTRY P	OINT (WSF ID: 00700)										
	And Nitrite (NOX)									-	RT) per year	
_	pling Point (Sampling Point	t ID)		Monitori			Collect	tion Perio	od	-	ance Status	
ENTR	RY POINT (3)		1/1/18 - 12/31/18							Co	mplete	
			1/1/19 - 12/31/19									
			1/1/20 - 12/31/20									
	W	ater System Facili	ty and Sar	npling	Poi	nt Inv	/ento	ry				
Water							Total	Lead a			_	
System	Water System Facility	Sampling Point ID	Sampling Poil Description	nt			_	Coppe		Achastas	Stage NOR 2 DRDD	
Facility ID 00600			•	I CVCTFN 4		tatus ^	Rule	Kule I	ier i	MODESIUS	WQP 2 DBPR	
00700	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N STSTEIVI	1	Α						
	ENTRY POINT	3	ENTRY POINT			A						
60116	WELL 1	2	WELL 1			Α						
60120	PRESSURE TANK											
		Con	tact Inforr	nation								
Name		0	rganization							Job Title		
Mr. Chris	Bruzzi	Br	uzzi Real Estat	e, LLC.								

State

 CT

City

chrisbruzzi@bruzzilawn.com

New Milford

Emergency Phone | Email Address

Zip Code

06776

Mailing Address Line Two

Mobile Phone

354 Litchfield Road

Fax

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Legal Contact

Business Phone

203-650-1620

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

water quanty monitoring and comphance senedate									
PWS ID PWS Name			Classification		Population	Owner Type	Primary Source		
СТ0969434	THE GREEN SPOT			NC	31	Р	GW		
Local Address (Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural		
354 LITCHFIELD	Connections			1					
		<u> </u>			•			· · · · · · · · · · · · · · · · · · ·	

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